

MANAGEMENT BOARD

Investors in People

Paper from the IIP core group

Purpose

1. This paper presents a list of findings (paragraphs 8.1 to 8.10) from the recent health check of the House service against the IIP standard. Initial recommendations for action are set out under each finding.

Action for the Board

2. The Board is invited to consider the recommendations.
3. The Board is asked to agree that an action plan should be created, based on the findings and expanding on the recommendations, and that progress against the plan should be monitored by RMG.

Introduction

4. Formal assessment for IIP re-accreditation will take place in November 2009. Although a key part of the new approach to IIP is its use as a helpful management tool, rather than a hoop for jumping through, the IIP core group was specifically asked to highlight issues where House Service's IIP status would be jeopardised by inaction. This paper therefore attempts to present findings from both points of view: (a) key current initiatives and work streams where IIP review reveals the potential for improvement and (b) key actions needed to enable the House to meet the IIP standard and retain accreditation.
5. Further work and consultation is required by the House Service to expand on the initial recommendations, as would be expected with any report following a full, external IIP assessment. The recommendations made in this paper do not constitute an action plan.
6. It should be noted that PICT has been accepted by IIP UK as part of the House Service for the purposes of assessment in November. PICT was not included in the recent health check review.

Consultation

7. An earlier version of this document, drafted by the external IIP assessor, has been discussed in RMG. The outcome was a request for a paper for the Management Board that was clearer and related more closely to initiatives and practices of the House.

Outcomes

8. Much good practice has been identified by the IIP health check. However, without some energy and attention being paid to the issues set out in this paper, it is unlikely that the House Service will meet all parts of the standard and therefore some further process for retention of recognition would have to be negotiated with IIP UK. **More importantly, the message from the health check is that some significant initiatives are either not taking the staff with them, or have the potential to go off in the wrong direction altogether.**

Business planning

- 8.1 **Finding:** The health check found that consultation on the 2009-10 business plan was seen as poor.

Recommendations: Managers should discuss and agree team and individual objectives which are in line with corporate tasks and goals to increase alignment and staff engagement and to implement (a) the “cascade”, “match” and “flow” to which the corporate plan refers on page 3 and (b) the first of the new line management responsibilities.

Business planning consultation strategy should recognise that many staff work in well-defined, ‘business as usual’ roles that will not be subject to a great deal of change from one year to the next. Potential consultation fatigue must also be taken into account. **This might take the form of ‘light’, communication-focussed open events each year but with a full-on, creatively commissioned, ‘bottom-up’ exercise only every three or five (e.g. to reflect the strategic planning cycle). In addition, the expectations that staff, and their representatives, can have of such consultation need to be made clear (with explicit feedback where issues have been raised but not agreed).**

- 8.2 **Finding:** The health check found that a perceived lack of objectives, and hence identifiable wins, from departmental re-organisation has left staff confused.

Recommendations: Departments should identify and demonstrate the positive impacts of re-organisation and reinforce synergies between 2009-10 business plans and their new functions. The development and communication of the new “corporate performance management system” (balanced scorecard) is identified by the managing assessor as a potential vehicle for clarifying how and where the House Service will improve delivery of services to Members; but this needs development and must be effectively communicated to managers and staff.

Consultation and engagement

- 8.3 **Finding:** The managing assessor and core group representative had a meeting with trade union representatives as part of the health check and heard that the mechanism for on-going consultation (introduced prior to the last formal IIP assessment) has become formulaic and remote from decision-takers. A couple of individual consultative “failures” were said to have cut across the process and reinforced this perception.

Recommendation: The TUS consultation model should be refreshed and reconnected to the decision-making process (which is not the same as ‘giving anything away’).

- 8.4 **Finding:** Efforts to engage staff and encourage their ideas were perceived to have gone quiet (quite possibly from both sides).

Recommendation: The staff suggestion scheme is worth revisiting, to advertise its success or to try something else. The managing assessor felt that Facilities, particularly, should do more to encourage and respond to staff ideas and suggestions for the transformation plan.

Learning and development

- 8.5 **Finding:** Changes to the annual reporting system, including replacement of the relatively new PDP programme, were a potential source of misunderstanding but presented a significant opportunity for improvement.

Recommendations: Effective implementation of the new reporting systems (PDM and Performance Award Scheme) will be crucial to meeting the goals of the House Service as well as maintaining IIP accreditation. The process must be guided and monitored, with support at the highest level. It is essential that it delivers demonstrably better outcomes for performance, the management of that performance and the development of staff, via improved clarity of expectations and regular discussions. A line should be drawn under the old system ASAP. Cascading best practice on PDM discussions from the top would be one effective way to kick-start the process.

Managers must play an active role in discussing learning needs and possible interventions with their staff and be clear how these match up to local, and higher level, tasks and goals. Managers must also ensure that they review the outcomes of development activity with their staff. (Facilities should consider, in particular, alignment of L&D activity with the objectives of its transformation agenda.)

The Management Board should ensure that skills needs, and any gaps, have been considered in relation to the enduring core, and supporting,

tasks, the goals and the priorities for this year (estate, IT and allowance delivery); and that appropriate steps are taken as required.

Leadership and management

- 8.6 **Finding:** The health check found that HR re-modelling also presented a challenge as well as an opportunity.

Recommendation: The impact of devolved line management needs careful and active monitoring, evaluation and remediation – clearly ‘owned’ at the top level – if the stated objectives and benefits are to be realised.

Related to this, the core competence framework, which seems not to be widely used or understood, needs to be reviewed, then communicated to all managers and staff. This is an action already agreed by senior HR managers.

Management effectiveness

- 8.7 **Finding:** Managers and staff have difficulty in articulating a shared understanding of what makes an effective House Service manager. This is a long-standing issue, and may be because management skills in some (former) departments come second, in the underlying culture, to prizing personal delivery (practitioner skills such as shorthand reporting, procedural knowledge, project management or general Member-handling).

Recommendation: Some distillation and effective communication of what constitutes an effective manager is needed. This should be part of HR re-modelling follow-up. Reference to the management standards and key management responsibilities as described in the Maximising Performance workshops should be included.

- 8.8 **Finding:** Embedding a management culture of on-going and *constructive* feedback – as well as openness to ‘bottom-up’ ideas and suggestions – needs further action.

Recommendation: The PDM, if well-executed, should help to effect this change. In addition, the managing assessor suggested that, particularly in Facilities, this culture needs to be expressed in day-to-day interactions as well; this means more than observing common courtesies (but that is a good start).

Recognition and reward

- 8.9 **Finding:** Long service recognition is bedding down and the evidence seems to be that the recognition is appreciated (obligatory embarrassment aside).

Recommendation: However, in Facilities particularly, there seems to be a job to do in re-building and maintaining morale; and this has been seen over past IIP assessments in a range of individual offices and departments depending on local circumstances at any given time (and see *Risks* below).

Performance measurement / evaluation

- 8.10 **Finding:** The health check found that evaluation of the learning and development “investment” made remains a weakness.

Recommendation: A strategy for the evaluation of this investment in people (in-house time and resources as well as the explicit spend on development) is vital.

Equally important is the corollary:- ways of taking the lessons learned from that evaluation and improving the investment to get more of a return out of learning and development that more effectively improves people’s ability to meet their aims and objectives (which themselves should become sharper and smarter over time). The managing assessor has offered to assist with this.

This strategy needs to include the education of managers in the expectations upon them to carry out effective monitoring and evaluation of learning and development activities.

Risks

9. The IIP core group are aware of risks that one or more of a range of current initiatives (e.g. Performance Award Scheme) may result in negativity – merited or unmerited – being reflected in IIP evidence-gathering, in some or all departments, in November 2009 (see annex). These will be examined further and, if necessary, mitigations recommended.
10. These risks will be made clear to the managing assessor and taken into account when conducting the re-accreditation process.

Engagement with IIP

11. The Management Board has restated its commitment to IIP as a useful business tool and discipline – and re-accreditation is incorporated in the 2009 Corporate Plan as a KPI for expenditure on skills and careers up to 2012.
12. The value of the IIP-style *process* – interviews with samples of representative staff against common standards (whatever they are) mediated by the experience and skills of the internal review team – has proven valuable again, not least in the information produced on local

priorities identified by departmental business managers via the health check.

13. **The IIP core group would strongly recommend bringing together the approach of the internal health checks and the staff survey in a complementary way in the future with the aim of developing a single capability action plan into which a variety of evidence-gathering techniques feed.**

Communication

14. The DCCS has posted its IIP health check report on its intranet alongside a management response. It is assumed that other departments will follow suit in line with past practice. Other avenues for communicating with staff are under consideration through both corporate and departmental channels, including a piece in the Commons Digest. The Board may also wish to express appreciation for the substantial efforts of the internal review team in undertaking this work.

Fergus Reid (DCCS)
Patricia Macauley-Fraser (DR)
on behalf of the IIP core group
(Work stream sponsor: Director General of Resources)

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Annex A – informal risk assessment

Set out below is a sketch of potential risks to the IIP formal assessment process (without relative weighting, ownership or suggested risk-management measures).

Risk	<i>There is a risk that...</i>
1	Staff will give negative evidence due to perceived inconsistency in the Performance Award Scheme, arising from different managers' recommendations or decisions by the panel. <i>This is perhaps the highest risk of collateral negativity in evidence-gathering.</i>
2	There will be no evidence of a demonstrable difference and/or confusion following line management devolution / HR remodelling due to poorly designed / understood guidance (architecture not substance) and/or HR staff overwhelmed by high workload.
3	Attention to the PDM will be deferred towards the end of the reporting year despite the objectives of the exercise and the bonus scheme.
4	The unclear status and operability of the core competency framework will lead to confusion among staff.
5	Staff will give negative evidence as a result of disruption to their daily work from the Vista / Office 2007 rollout.
6	Staff will give negative evidence due to perception of dis-benefits or persistent inequities of the 'Common ground' project.
7	There will be a loss of impetus in senior management training and development due to the replacement of SMDP.
8	Staff will perceive inequity and under-valuing of experience within the House service in different roles due to 'talent management' initiatives and the House-wide fast stream.
9	Insufficient resource, either for facilitating the action plan or for coordinating IIP activity as a whole, will lead to negative results.

Obviously, an important part of each project is how it fits into the wider picture and interacts with other initiatives. The anticipation of challenges and the effective and timely communication of requirements, expectations and aspirations to managers and staff are other integral and vital features. The IIP process will reflect how well this is achieved and is likely to generate useful management information.